

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | ABone | 12 | 08/29-9 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | CC | 50114 | 9-18-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

Best Available Copy

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
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| Final | |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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8576
9/18/01